

**United States Bankruptcy Court  
District of Minnesota**

In re David S Couture

Debtor(s)

Case No.  
Chapter

13

**STATEMENT UNDER PENALTY OF PERJURY RE:  
PAYMENT ADVICES DUE PURSUANT TO 11 U.S.C. § 521(a)(1)(B)(iv)**

- ☒ **Debtor 1** has attached to this statement copies of all payment advices or other evidence of payment received within 60 days before the date of the filing of the petition from any employer.
- ☐ **Debtor 1** has not filed copies of payment advices or other evidence of payment received within 60 days before the date of the filing of the petition from any employer because:
- ☐ Debtor 1 was not employed during the 60 days preceding the filing of the petition;
- ☐ Debtor 1 was employed for only a portion of the 60 days preceding the filing of the petition. Please specify period during which debtor was unemployed;
- ☐ Debtor 1 was self-employed during the 60 days preceding the filing of the petition;
- ☐ Debtor 1 received only unemployment, veteran's benefits, social security, disability or other retirement income during the 60 days preceding the filing of the petition; or
- ☐ Other (please explain):

I declare under penalty of perjury that I have read this Statement and it is true to the best of my knowledge, information and belief.

Signature of Debtor 1: \_\_\_\_\_

Date: March 2, 2021

\*\*\*\*\*

- ☐ **Debtor 2** has attached to this statement copies of all payment advices or other evidence of payment received within 60 days before the date of the filing of the petition from any employer.
- ☐ **Debtor 2** has not filed copies of payment advices or other evidence of payment received within 60 days before the date of the filing of the petition from any employer because:
- ☐ Debtor 2 was not employed during the 60 days preceding the filing of the petition;
- ☐ Debtor 2 was employed for only a portion of the 60 days preceding the filing of the petition. Please specify period during which debtor was unemployed;
- ☐ Debtor 2 was self-employed during the 60 days preceding the filing of the petition;
- ☐ Debtor 2 received only unemployment, veteran's benefits, social security, disability or other retirement income during the 60 days preceding the filing of the petition; or
- ☐ Other (please explain):

I declare under penalty of perjury that I have read this Statement and it is true to the best of my knowledge, information and belief.

Signature of Joint Debtor 2: \_\_\_\_\_

Date: March 2, 2021

**\*\*\*IMPORTANT NOTE:** Please make sure all **SOCIAL SECURITY numbers, routing numbers and account numbers are redacted** before filing. If the income records include the year to date amounts, you are only required to

Bayshore Residence & Rehab Center  
1601 St. Louis Ave  
Duluth, MN 55802

Voucher Date  
01/08/2021

Voucher Number  
11242

\*\*\*\*\* This is not a check \*\*\*\*\*

Direct Deposit Amount \$ \*\*\*\*\*1842.58

3966BRC 13006 11242 28

Pay to the order of: **David Scott Couture**  
555 Anderson Road  
Duluth, MN 55811

Bayshore Residence & Rehab Center  
1601 St. Louis Ave  
Duluth, MN 55802

David Scott Couture

Voucher Number: 11242

Employee Id	13006	Check Date	01/08/2021
Hire Date	12/17/2018	Period Begin	12/20/2020
Employee Status	A	Period End	01/02/2021

Pay Details				
Earnings	Hours	Rate	Amount	YTD
Regular	64.00	35.75	2,288.00	2,288.00
Bonus - COVID H	64.00	3.00	192.00	192.00
Holiday	16.00	35.75	572.00	572.00
	144.00		3,052.00	3,052.00
Taxes		Taxable	Amount	YTD
Federal Income	S-9	2,701.21	119.65	119.65
OASDI		2,821.21	174.92	174.92
Medicare		2,821.21	40.91	40.91
Minnesota SITW	S-9	2,701.21	57.00	57.00
			392.48	392.48
Deductions			Amount	YTD
401K			120.00	120.00
Aflac Accident			6.06	6.06
Aflac Hospital			12.70	12.70
Aflac Pretax			18.48	18.48
Aflac STD			40.71	40.71
Dental			67.32	67.32
Garnishment			409.22	409.22
Health			126.23	126.23
Trustmark			16.22	16.22
			816.94	816.94

#### Statement Summary

Gross Pay	3,052.00
Federal Taxes	-335.48
State and Local Taxes	-57.00
Other Deductions	-816.94
Net Pay	1,842.58
Direct Deposits	1,842.58
Net Check	0.00

#### Other Info

Direct Deposits	Amount
LAKE STATE BANK *****6578	1,842.58
	1,842.58
Time Off Balances	Balance
PTOI	55.41

Bayshore Residence & Rehab Center  
1601 St. Louis Ave  
Duluth, MN 55802

Voucher Date  
01/22/2021

Voucher Number  
11364

\*\*\*\*\* This is not a check \*\*\*\*\*

Direct Deposit Amount \$ \*\*\*\*\*1578.11

3966BRC 13006 11364 23

Pay to  
the order of:

**David Scott Couture**  
555 Anderson Road  
Duluth, MN 55811

Bayshore Residence & Rehab Center  
1601 St. Louis Ave  
Duluth, MN 55802

David Scott Couture

Voucher Number: 11364

Employee Id	13006	Check Date	01/22/2021
Hire Date	12/17/2018	Period Begin	01/03/2021
Employee Status	A	Period End	01/16/2021

Pay Details				
Earnings	Hours	Rate	Amount	YTD
Regular	80.00	35.75	2,860.00	5,148.00
Bonus - COVID H	80.00	3.00	240.00	432.00
Holiday	0.00		0.00	572.00
	160.00		3,100.00	6,152.00
Taxes		Taxable	Amount	YTD
Federal Income	S-	2,767.19	339.07	458.72
OASDI		2,887.19	179.00	353.92
Medicare		2,887.19	41.86	82.77
Minnesota SITW	S-0	2,767.19	163.00	220.00
		722.93		1,115.41
Deductions			Amount	YTD
401K			120.00	240.00
Aflac Accident			6.06	12.12
Aflac Hospital			12.70	25.40
Aflac Pretax			18.48	36.96
Aflac STD			40.71	81.42
Dental			49.34	116.66
Garnishment			409.22	818.44
Health			126.23	252.46
Trustmark			16.22	32.44
			798.96	1,615.90

Statement Summary	
Gross Pay	3,100.00
Federal Taxes	-559.93
State and Local Taxes	-163.00
Other Deductions	-798.96
Net Pay	1,578.11
Direct Deposits	1,578.11
Net Check	0.00

Other Info	
Direct Deposits	Amount
LAKES STATE BANK	*****6578
	1,578.11
	1,578.11
Time Off Balances	Balance
PTOI	61.56

Bayshore Residence & Rehab Center  
1601 St. Louis Ave  
Duluth, MN 55802

Voucher Date  
02/19/2021

Voucher Number  
11616

\*\*\*\*\* This is not a check \*\*\*\*\*

Direct Deposit Amount \$ \*\*\*\*\*1578.09

3966BRC 13006 11616 26

Pay to  
the order of:

**David Scott Couture**  
555 Anderson Road  
Duluth, MN 55811

Bayshore Residence & Rehab Center  
1601 St. Louis Ave  
Duluth, MN 55802

David Scott Couture

Voucher Number: 11616

Employee Id	13006	Check Date	02/19/2021
Hire Date	12/17/2018	Period Begin	01/31/2021
Employee Status	A	Period End	02/13/2021

### Pay Details

Earnings	Hours	Rate	Amount	YTD
Regular	80.00	35.75	2,860.00	10,010.00
Bonus - COVID H	80.00	3.00	240.00	840.00
Holiday	0.00		0.00	572.00
Paid Time Off	0.00		0.00	858.00
	160.00		3,100.00	12,280.00
Taxes		Taxable	Amount	YTD
Federal Income	S-	2,767.19	339.07	1,121.02
OASDI		2,887.19	179.01	707.47
Medicare		2,887.19	41.87	165.46
Minnesota SITW	S-0	2,767.19	163.00	541.00
			722.95	2,534.95
Deductions			Amount	YTD
401K			120.00	480.00
Aflac Accident			6.06	24.24
Aflac Hospital			12.70	50.80
Aflac Pretax			18.48	73.92
Aflac STD			40.71	162.84
Dental			49.34	215.34
Garnishment			409.22	1,636.88
Health			126.23	504.92
Trustmark			16.22	64.88
			798.96	3,213.82

### Other Info

Direct Deposits	Amount
LAKES STATE BANK *****6578	1,578.09
	1,578.09
Time Off Balances	Balance
PTOI	48.02

### Statement Summary

Gross Pay	3,100.00
Federal Taxes	-559.95
State and Local Taxes	-163.00
Other Deductions	-798.96
Net Pay	1,578.09
Direct Deposits	1,578.09
Net Check	0.00

Bayshore Residence & Rehab Center  
1601 St. Louis Ave  
Duluth, MN 55802

Voucher Date  
02/05/2021

Voucher Number  
11491

\*\*\*\*\* This is not a check \*\*\*\*\*

Direct Deposit Amount \$ \*\*\*\*\*1532.45

3966BRC 13006 11491 23

Pay to  
the order of: **David Scott Couture**  
555 Anderson Road  
Duluth, MN 55811

Bayshore Residence & Rehab Center  
1601 St. Louis Ave  
Duluth, MN 55802

David Scott Couture

Voucher Number: 11491

Employee Id	13006	Check Date	02/05/2021
Hire Date	12/17/2018	Period Begin	01/17/2021
Employee Status	A	Period End	01/30/2021

Pay Details				
Earnings	Hours	Rate	Amount	YTD
Regular	56.00	35.75	2,002.00	7,150.00
Bonus - COVID H	56.00	3.00	168.00	600.00
Holiday	0.00		0.00	572.00
Paid Time Off	24.00	35.75	858.00	858.00
	<b>136.00</b>		<b>3,028.00</b>	<b>9,180.00</b>
Taxes		Taxable	Amount	YTD
Federal Income	S-	2,695.19	323.23	781.95
OASDI		2,815.19	174.54	528.46
Medicare		2,815.19	40.82	123.59
Minnesota SITW	S-0	2,695.19	158.00	378.00
			<b>696.59</b>	<b>1,812.00</b>
Deductions			Amount	YTD
401K			120.00	360.00
Aflac Accident			6.06	18.18
Aflac Hospital			12.70	38.10
Aflac Pretax			18.48	55.44
Aflac STD			40.71	122.13
Dental			49.34	166.00
Garnishment			409.22	1,227.66
Health			126.23	378.69
Trustmark			16.22	48.66
			<b>798.96</b>	<b>2,414.86</b>

Statement Summary	
Gross Pay	3,028.00
Federal Taxes	-538.59
State and Local Taxes	-158.00
Other Deductions	-798.96
Net Pay	1,532.45
Direct Deposits	1,532.45
Net Check	0.00

Other Info	
Direct Deposits	Amount
LAKES STATE BANK *****6578	1,532.45
	<b>1,532.45</b>
Time Off Balances	Balance
PTOI	41.87